

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Bennie L. Turner

Full Address Post Office Box 312; West Point, MS 39773

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Office Sought Senator 16 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and
Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign
expenditures and has no outstanding campaign debt obligation) Required to terminate reporting
obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized)

This Period

Calendar
year-to-date

Total amount of contributions	750.00	\$ 750.00	\$ 750.00
Total amount of disbursements	1,119.45	\$ 263.53	\$ 1,382.98
Total amount of cash on hand		\$ 52.08	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

1-29-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 29 2010
Secretary of State
Capital Office
DATE STAMP

Name of Candidate or Committee Bennie L. Turner

Reporting period January 1, 2009 through December 31, 2009

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ATS TPAC</u>	<u>10 / 27 / 09</u>	\$ <u>200.00</u>
Mailing Address <u>175 E. Capital St. Landmark Center RM 703</u>	<u> / / </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories</u>	<u>11 / 02 / 09</u>	\$ <u>250.00</u>
Mailing Address <u>100 Abbott Park Road</u>	<u> / / </u>	\$
City, State, Zip Code <u>Abbott Park, IL 60064-6028</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association For Homecare</u>	<u>12 / 15 / 09</u>	\$ <u>300.00</u>
Mailing Address <u>134 Fairmont St. STEB</u>	<u> / / </u>	\$
City, State, Zip Code <u>Clinton, MS 39056</u>	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> / / </u>	\$
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Name of Employer (Required)	<u> / / </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Bennie L. TurnerReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name <u>Daily Times Leader</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 1176</u>	<u>01 06 09</u>	\$ <u>84.00</u>
City, State, Zip Code <u>West Point, MS 39773</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Subscription</u>	Aggregate Year-to-date	\$ <u>84.00</u>
B. Full name <u>John Horhn, Mayor Campaign</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>01 14 09</u>	\$ <u>200.00</u>
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Contributions</u>	Aggregate Year-to-date	\$ <u>200.00</u>
C. Full name <u>West Point Alumni</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>415 5th St.</u>	<u>01 21 09</u>	\$ <u>120.00</u>
City, State, Zip Code <u>West Point, MS 39773</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>MLK Tickets</u>	Aggregate Year-to-date	\$ <u>120.00</u>
D. Full name <u>Running Water Baptist Church</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 473</u>	<u>04 20 09</u>	\$ <u>100.00</u>
City, State, Zip Code <u>Shugualak, MS 39361</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>100.00</u>
E. Full name <u>Charles L. Younger Sr. Foundation</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 1970</u>	<u>05 04 09</u>	\$ <u>50.00</u>
City, State, Zip Code <u>Meridian, MS 39302-1970</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Donation in lieu of Flowers</u>	Aggregate Year-to-date	\$ <u>50.00</u>
F. Full name <u>Northside Christian Church</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>155 Cottrell St.</u>	<u>06 12 09</u>	\$ <u>50.00</u>
City, State, Zip Code <u>West Point, MS 39773</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Youth-Golf Tournament - Donation</u>	Aggregate Year-to-date	\$ <u>50.00</u>

Name of Candidate or Committee Bennie L. TurnerReporting period January 1, 2009 through December 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Beacon</u>		
Mailing Address	<u>10/27/09</u>	\$ 50.00
<u>P.O. Box 32</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
<u>Macon, MS 39341-0032</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Subscription</u>		<u>50.00</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Northeast Mississippi Daily Journal</u>		
Mailing Address	<u>10/27/09</u>	\$ 125.00
<u>P.O. Box 909</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
<u>Tupelo, MS 38802-0909</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Subscription</u>		<u>125.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Green Leaf Flower & Gift</u>		
Mailing Address	<u>11/06/09</u>	\$ 37.45
<u>620 W. Main Street</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
<u>West Point, MS 39773</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
		<u>37.45</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Friendship Connection</u>		
Mailing Address	<u>11/09/09</u>	\$ 25.00
<u>City, State, Zip Code</u>		
<u>___/___/___</u>		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Contribution</u>		<u>25.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bryan Public Library</u>		
Mailing Address	<u>11/25/09</u>	\$ 25.00
<u>P.O. Box 675</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
<u>West Point, MS 39773</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Contribution in memory of Mr. P.T. Hodo, Jr.</u>		<u>25.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Keep Hope Alive Christmas Party</u>		
Mailing Address	<u>12/04/09</u>	\$ 25.00
<u>c/o Ms. Pat Quinn; P.O. Box 933</u>		
City, State, Zip Code	<u>___/___/___</u>	\$
<u>West Point, MS 39773</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<u>Contribution</u>		<u>25.00</u>

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A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Renasant Bank</u>		
Mailing Address	<u>01 / 22 / 09</u>	\$ <u>108.00</u>
<u>P.O. Box 4140</u>		
City, State, Zip Code	<u>___ / ___ / ___</u>	\$
<u>West Point, MS 39773</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>108.00</u>
<u>Bank Service Charge</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Clarion-Ledger #1098</u>		
Mailing Address	<u>12 / 21 / 09</u>	\$ <u>263.53</u>
<u>P.O. Box 9001098</u>		
City, State, Zip Code	<u>___ / ___ / ___</u>	\$
<u>Louisville, KY 40290-1098</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>263.53</u>
<u>Renewed Subscription</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Dispatch</u>		
Mailing Address	<u>12 / 31 / 09</u>	\$ <u>120.00</u>
<u>P.O. Box 511</u>		
City, State, Zip Code	<u>___ / ___ / ___</u>	\$
<u>Columbus, MS 39703</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>120.00</u>
<u>Renewed Subscription</u>		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___ / ___ / ___</u>	\$
City, State, Zip Code	<u>___ / ___ / ___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___ / ___ / ___</u>	\$
City, State, Zip Code	<u>___ / ___ / ___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>___ / ___ / ___</u>	\$
City, State, Zip Code	<u>___ / ___ / ___</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$